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CONFIRMATION NO. 8638

<b>SERIAL NUMBER</b> 10/769,532	<b>FILING OR 371(c) DATE</b> 01/30/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> 1880-17 RCE III	
<b>APPLICANTS</b> Robert G. Whirley, Santa Rosa, CA; James M. Shapiro, San Francisco, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/15/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 82865					
<b>TITLE</b> INFLATABLE POROUS IMPLANTS AND METHODS FOR DRUG DELIVERY					
<b>FILING FEE RECEIVED</b> 1073	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		